

County: Milwaukee  
HERITAGE SQUARE HEALTHCARE CENTER  
5404 WEST LOOMIS ROAD

Facility ID: P180

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GREENDALE 53129 Phone:(414) 421-0088  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 100  
Total Licensed Bed Capacity (12/31/02): 100  
Number of Residents on 12/31/02: 84

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? No  
Average Daily Census: 88

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
Home Health Care	No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			92.9
Supp. Home Care-Personal Care	No		-----		-----		1 - 4 Years			7.1
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	7.1	More Than 4 Years			0.0
Day Services	No		Mental Illness (Org./Psy)	7.1	65 - 74	14.3				-----
Respite Care	No		Mental Illness (Other)	0.0	75 - 84	40.5				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	32.1	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.0	Full-Time Equivalent			
Congregate Meals	No		Cancer	6.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	13.1		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	42.9	65 & Over	92.9	-----			
Transportation	No		Cerebrovascular	7.1		-----	RNs			12.9
Referral Service	No		Diabetes	4.8	Sex	%	LPNs			17.9
Other Services	Yes		Respiratory	6.0	-----		Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	13.1	Male	39.3	Aides, & Orderlies			
Mentally Ill	No			-----	Female	60.7				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care		
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Skilled Care	54	100.0	211			0	0.0	0	0	0.0	0	26	100.0	193	0	0.0	0	4	100.0	289
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Total	54	100.0				0	0.0		0	0.0		26	100.0		0	0.0		4	100.0	84

84 100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		-----				
		% Needing Assistance of			Total	
Percent Admissions from:		Activities of	%	One Or Two Staff	% Totally Dependent	Number of Residents
Private Home/No Home Health	1.5	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.5	Bathing	4.8	75.0	20.2	84
Other Nursing Homes	0.7	Dressing	4.8	73.8	21.4	84
Acute Care Hospitals	97.0	Transferring	4.8	77.4	17.9	84
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	4.8	81.0	14.3	84
Rehabilitation Hospitals	0.0	Eating	67.9	25.0	7.1	84
Other Locations	0.3	*****				
Total Number of Admissions	870	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.5	Receiving Respiratory Care	7.1	
Private Home/No Home Health	30.4	Occ/Freq. Incontinent of Bladder	52.4	Receiving Tracheostomy Care	1.2	
Private Home/With Home Health	20.5	Occ/Freq. Incontinent of Bowel	60.7	Receiving Suctioning	2.4	
Other Nursing Homes	7.1			Receiving Ostomy Care	4.8	
Acute Care Hospitals	21.9	Mobility		Receiving Tube Feeding	6.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	34.5	
Rehabilitation Hospitals	0.0					
Other Locations	13.2	Skin Care		Other Resident Characteristics		
Deaths	6.8	With Pressure Sores	14.3	Have Advance Directives	100.0	
Total Number of Discharges (Including Deaths)	877	With Rashes	0.0	Medications		
				Receiving Psychoactive Drugs	36.9	

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.0	81.9	1.07	88.6	0.99	84.2	1.05	85.1	1.03
Current Residents from In-County	92.9	83.1	1.12	85.4	1.09	85.3	1.09	76.6	1.21
Admissions from In-County, Still Residing	8.4	18.8	0.45	18.6	0.45	21.0	0.40	20.3	0.41
Admissions/Average Daily Census	988.6	182.0	5.43	203.0	4.87	153.9	6.42	133.4	7.41
Discharges/Average Daily Census	996.6	180.8	5.51	202.3	4.93	156.0	6.39	135.3	7.37
Discharges To Private Residence/Average Daily Census	508.0	69.3	7.33	76.5	6.64	56.3	9.02	56.6	8.98
Residents Receiving Skilled Care	100	93.0	1.08	93.5	1.07	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	92.9	87.1	1.07	93.3	1.00	91.5	1.02	87.7	1.06
Title 19 (Medicaid) Funded Residents	0.0	66.2	0.00	57.0	0.00	60.8	0.00	67.5	0.00
Private Pay Funded Residents	31.0	13.9	2.23	24.7	1.25	23.4	1.32	21.0	1.47
Developmentally Disabled Residents	0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	7.1	30.2	0.24	28.5	0.25	32.8	0.22	33.3	0.21
General Medical Service Residents	13.1	23.4	0.56	28.9	0.45	23.3	0.56	20.5	0.64
Impaired ADL (Mean)	49.8	51.7	0.96	50.9	0.98	51.0	0.98	49.3	1.01
Psychological Problems	36.9	52.9	0.70	52.9	0.70	53.9	0.68	54.0	0.68
Nursing Care Required (Mean)	8.8	7.2	1.22	6.8	1.29	7.2	1.22	7.2	1.22